**Request for Expanded FMLA Leave (Coronavirus)**

***Caring for a Child/Children Whose School or Place of Care is Closed (or Child Care Provider is Unavailable) for Reasons Related to COVID-19***

To request expanded FMLA leave as provided under the Families First Coronavirus Response Act, please complete the following request form and submit to Leanne Bush, Student Services/Personnel as soon as possible before leave commences. Documentation supporting the need for leave must be included, such as: the name and age of the child or children being cared for; the name of the school, place of care, or child care provider that closed or became unavailable; and a statement that no other suitable person is available to care for the child during the period of requested leave. For children over age 14, a statement indicating the special circumstances that require the employee to provide care during daylight hours.

# Employee Name (print clearly):

**Department:**

**Manager:**

**Requested Leave Start Date: End Date:**

I am requesting this expanded FMLA leave due to my inability to work (or telework) because I am needed to care for my child due to:

The closing of my child’s school or place of care, due to concerns related to COVID‐19. The unavailability of my child’s regular child care provider due to concerns related to

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COVID‐19.

Furthermore,

I attest that no other suitable person is available to care for my child during the requested period of leave. I attest special circumstances exist requiring my need for leave to care for a child ages 15‐17.

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Time off work is expected to be (select the most appropriate box): For a continuous block of time.

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For a reduced work schedule (change in work schedule needed—fewer hours per day or fewer hours per week).

If a reduced work schedule is needed, indicate the days and hours you are available for work:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|  |  |  |  |  |  |  |

I have attached appropriate documentation supporting my need for leave. Employee Signature: Date:

Manager Signature: Date:

HR Department Rep. Signature: Date:

# Employee Statement Supporting Leave

I, , provide the following information in support of my request for expanded Family and Medical leave (complete all that apply):

# Name of school or place of care closed due to concerns related to COVID‐19:

**Name of child caregiver unavailable due to concerns related to COVID‐19:**

**Name and age of child or children I am needed to care for:**

Name: Age: Name: Age: Name: Age: Name: Age:

# No other suitable person is available to care for my child for the requested leave period due to:

**The special circumstances requiring my need for leave to care for a child ages 15‐17 are:**

I attest that the above information is accurate and complete. I understand falsification of any information given may lead to disciplinary action.

# Employee Signature: Date: